PEER EDUCATION AND RESOURCE COUNCIL (PERC)
&
DRUG UTILIZATION REVIEW BOARD (DURB)
JOINT MEETING MINUTES

Wednesday, March 27, 2002
Governor's Row House, Topeka KS

PERC Board Members:

Eric Atwood, DO	**Dennis Miller, MD**	Pamela Shaw, MD
Marvin Bredehoft, RPh	**Sallie Page-Goertz, ARNP**	**Donna Sweet, MD**
Scott Ketcher, DO	**Marty Schmidt, MD**	**Wayne Wallace Jr., MD**
Susan Laudert, MD		

SRS:

Debra Bachmann, RN, BSN	**Janelle Garrison, RN, BSN**	**Dona Marshbank**
Thelma Bowhay, RN	**Kim Brink, RN, BSN**	**Brenda Kuder, RN**
Robert Day	Lou Ann Gebhards	Joan Schultz
Chris English	Bobbie Graff-Hendrixson	Reid Stacy
Greta Hamm, RN	**Nialson Lee, RN,BSN, MH**	Chris Swartz
Harvey Hillin	**Carolyn Bayless**	**Mary Obley, RPh**
Kathy Moen, RN, BSN, JD	**Linda Gronquist**	Monica Mayer
Susan Wood, RN, BSN	Rita Haverkamp	

KFMC:

Lynne Ruhlman, RN, BSN

DUR Board:

John Lowdermilk, RPh	**Kathy Miller-Lemke, RPh**	**Linda Frey, RN**
Jim Backes, Pharm. D.	**Michael Burke, MD, PhD**	**Stan Edlavitch, PhD**
Janette McMillan, RPh	Brenda Schewe, MD	**John Whitehead, DO**

DUR Program Staff:

Karen Braman, RPh	Jack Fincham, RPh, PhD	**Nicole Schlobohm, Pharmacy Intern**

BCBS:

Lona Hoffsommer, LBSW	**Jimmy Patty, RN, BSN**
Gina Rhone	Dix Waugh
Linnae Luebbe, RN, BSN	Tracy Litherland

Bold – Attending

Review of Minutes & Introductions

Dr. Marty Schmidt, PERC Chairperson, called the meeting to order. Minutes from the February 27, 2002 PERC meeting were reviewed and approved as written. Dr. Schmidt welcomed everyone to the joint PERC/DUR meeting.

Asthma Discussion & Data

Karen Braman, Director of the Kansas DUR Program, explained that approximately one (1)-two (2) years ago, Kansas Medicaid hired a contractor to analyze expenditures related to asthma. One of the conclusions was asthma is a significant cost driver. The findings were that Medicaid over paid $20 million in preventable asthma-related inpatient and emergency room visits. Many states are currently looking at potential disease management for asthma. This finding leg the DUR Program to conduct a detailed asthma data analysis, which concluded that, the finding by the contractor was not correct.

The Summary Report: Asthma Data Analysis, Kansas Medicaid, Fiscal Years 1999-2001 handout was reviewed by Karen (see attached). She pointed out Table 3, which reflects data to support that consumers are not receiving inhaled steroids as needed for treatment. Dr. Schmidt commented many times the prescription is given, but the family does not fill or use the medication as directed. Karen suggested that consumer/family/caregiver education might be a good place to target some efforts. Dr. Schmidt also stated if the patient is going months between episodes, he does not always prescribe preventive steroids inhalers. However, these consumers would possibly show up with an inpatient or emergency room visit with a diagnosis of asthma.

Dr. Stan Edlavitch questioned whether asthma was the primary diagnosis. Karen commented that there were a lot of things going on with these patients. Many of the consumers also had diagnoses of tobacco use, hypertension, depression, etc. Many of the claims were related to Home and Community Bases Services (HCBS), which would indicate significant health related issues. Dr. Michael Burke asked Karen whether the thought was that use of steroids would decrease inpatient stays. Dr. Schmidt followed with an observation that the data could be skewed if a patient was in for another illness, but needed to continue treatment for asthma during the stay. Sallie Page-Goertz asked if any research had been done on the use of spacers. Karen explained that no research had been done in this area, but education related to appropriate use of spacers might be beneficial.

Dr. Schmidt asked whether there was data related to whether the patients were symptomatic or whether the use of short acting steroids were appropriate for the consumers in the study. Dr. Donna Sweet added that from an adult perspective, the data does suggest approximately 50% of the consumers are not getting the inhalers they need to help manage the asthma.

Karen stated that studies relating to asthma severity have been done in more depth, and these are areas that could be pursued in the future if necessary. Nialson Lee, SRS, concluded that while some of the data is less than perfect it still appears there is room for improvement in the area of managing asthma. SRS would like PERC/DUR to assist with the establishment of standards of practice and disease management. Mary Obley, SRS, explained

there are existing standards that could be adopted by Kansas Medicaid. All PERC and DUR members agreed to adopt the National Heart, Lung and Blood Institute Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma. These are standards readily available to all providers and are accepted as standard practice guidelines for the treatment of asthma.

Dr. Susan Laudert asked if there was a way to determine whether consumers are receiving appropriate referrals to specialists for management of the asthma. Nialson Lee explained this would take intensive chart review. He would need to check if there are resources available for this type of activity. Dr. Burke noted that if the majority of the cost is non-asthma related, do we think there will be an impact by adopting these standards? Based on drug utilization, there is room for improvement, but it is doubtful the impact will be significant.

Nialson explained SRS would like a pilot educational project relating to asthma to see if this could be done for other areas of the Medicaid program. Dr. Schmidt stated while adopting the standards and providing education may not have a distinct impact on dollars spent, it could have a significant impact of the quality of life for patients receiving more appropriate health care.

Dr. Edlavitch asked what type of indicators could be used to ascertain success of the pilot project. Sallie Page-Goertz suggested looking at decreased emergency room visits and inpatient stays with a primary diagnosis of asthma, increased outpatient services, and increased prescribing of steroid medications. Dr. Sweet suggested Medicaid mirror the private insurance industry and conduct chart reviews using HEDIS measurements. Dr. Sweet stated the only way to get an accurate picture of outcomes is to do chart reviews.

Kathy Miller-Lemke asked whether the focus would be on provider or consumer education. Sallie Page-Goertz recommended that some education be done with both groups. Dr. Sweet stated these guidelines are already available to providers. Nialson asked if this project would be beneficial if the information is already available, but just not being used. Dr. Burke stated an outcome based monitoring program was needed if it was going to be meaningful.

In addition to adopting the standards, the following recommendations were made:

- Place an article in the DUR Newsletter
- Produce a bright colored one (1) page information sheet for providers
- Develop and distribute a simple educational bulletin for consumers
- Enlist the assistance of pharmacists to instruct patients on the appropriate use of medications & spacers
- Accept a procedure code for peak flow meter instruction in the physician office
- Consider a pilot project for post hospitalization visits by a Respiratory Therapist
- Educate other care providers such as Social Workers, Home Health Aides, etc.
- Case Management

Karen Braman agreed to follow-up on the DUR bulletin and suggested working with the Kansas Asthma Coalition on consumer educational materials. She will have some committee members review the materials prior to distribution.

OxyContin Discussion

Karen Braman presented data related to utilization and expenditures for OxyContin during the years of 2000 and 2001. Use of this medication is rapidly escalating. The total number of claims for OxyContin climbed from 8049 in 2000 to 12,074 in 2001. The total paid amount for calendar year 2000 was $1,471,660.70, and $2,407,604.65 in 2001. The DUR Program has previously reviewed patients receiving large quantities of the medication, or using multiple providers to obtain OxyContin. They sent education letters to approximately 100 providers. As a result of the review, nineteen (19) consumers were referred to the Quality Assurance Team at the fiscal agent for potential Lock-in.

Ms. Braman reviewed a report that ranked consumers by total milligrams of OxyContin per day. Sixteen (16) consumers currently receive more than 480 milligrams per day. The data was also ranked by diagnosis, with the most frequent diagnosis being Lumbago. Mary Obley surveyed other states for policies related to OxyContin, and included this information in a handout titled "Information from Other State Medicaid Programs on OxyContin Prior Authorization or Limitations" (see attached). She found that several states did have limitations and/or required prior authorization. Dona Marshbank added that a large number of consumers placed on Lock-in are receiving OxyContin.

Dr. Burke asked what the current Medicaid policy is regarding OxyContin. Karen Braman explained there are currently no limits for Oxycontin or MS Contin since there is no manufacturer-recommended ceiling. She added that Medicaid limits most narcotics to the maximum recommended daily dose, with exceptions made only through prior authorization (PA). Dr. Wallace stated there are many doctors motivated to prescribe these medications when a patient states they are in pain. This is becoming a real issue for the program. It does not appear that education is working with these providers. Dr. Sweet encouraged SRS to offer some type of guidelines or set limitations. She noted if prior authorization is required on Prilosec, it is difficult to understand why the same would not be true for OxyContin. She stated OxyContin is both expensive, and can be harmful to the patient.

Dr. Bob Twilman, Pain Management Program Director, KU Cancer Center, emphasized the need to be reasonable with limitations. He believes continued retrospective reviews would be more productive. He added that the problem with prior authorization is that the diagnosis does not direct the dosage of medication required and could be problematic in setting prior authorization criteria. Dr. Wallace stated he felt Medicaid would need to be very specific about the type of information needed to process a PA request (e.g. lab levels, documentation of other treatment modalities, pain management contracts, etc). The group discussed other options such as case management of consumers with high OxyContin utilization. Dr. John Whitehead stated it might be necessary to require a diagnosis on all schedule II medications. Dr. Burke asked at what point do we draw the line. Karen Braman stated that Purdue Pharma recommended 480 mg daily be utilized as a guideline for prior authorization (see attached).

The group discussed several concerns with placing limitations on Oxycontin, including what to do with the consumer who is currently receiving 1500 mg per day. There must be a plan in place to handle consumers with higher doses that Medicaid is not going to continue to approve. The group unanimously agreed to approve limitations of OxyContin ~~and~~ at 480 mg per day MS Contin at ~~480 mg per day~~.

The final determination was Dr. Wallace would work with Dr. Twillman on setting appropriate PA criteria and documentation requirements for OxyContin and MS Contin. Other PERC or DUR members that would like to give input are welcome to send their suggestions by email to Dr. Wallace at wowjr@charter.net. Providers will be educated that a PA will be required for OxyContin and MS Contin prescriptions that exceed 480 milligrams per day.

Obesity Medication Discussion

Karen Braman explained that Medicaid began covering obesity agents with prior authorization approximately one year ago. The decision was made to study the outcome of coverage. Todd Karpinsk, Pharm D, MS Resident, KU Medical Center and Dennis Grauer, PhD, KU School of Pharmacy, conducted a cost analysis study on obesity prescriptions.

Todd gave an overview of the study, which was provided in the agenda packet. He highlighted that obesity is prevalent in the United States, with over 60% of American adults being considered overweight in 1999. Due to the increased risk of comorbid conditions associated with obesity, it drives health care costs. He pointed out that Kansas Medicaid had decided to control utilization of the anti-obesity agents by requiring PA.

The study divided patients into two competing alternatives:

- Those that received PA approval for sibutramine or orlistat
- Those who received a PA rejection

The effectiveness of the drug therapy was measured by a success probability of patients achieving a greater than or equal to 5% loss of their body weight. The results showed the probability of a patient who received anti-obesity therapy meeting the effectiveness goal was 0.33 compared to 0.05 probability for a patient who did not receive anti-obesity therapy.

The intent is to review the following in the future:

- Attributable Costs
- Model to select patients who would be more successful
- Comparison between the two (2) drugs

Dr. Wallace questioned whether the study results conclude whether or not the drugs are effective. Dennis Grauer explained this was a preliminary report, and he would not feel comfortable coming to a conclusion at this time. There was discussion regarding the number of consumers who met the criteria for a refill of the medications. Dr. Wallace asked

if someone could get that information. Karen Braman stated the information would be available.

SRS Update

Mary Obley updated the group on current legislative actions. There is a proposal (Senate Bill 603) to establish a preferred drug formulary. A committee of 4 physicians, 1 DUR Board member (acting as committee chairperson), and 4 pharmacists would be formed to develop a Medicaid preferred drug formulary based on safety, efficacy and cost. SRS is in the process of asking for nominations from the professional associations.

Next Meeting

The April PERC meeting has been canceled. The next meeting is scheduled for May 29, 2002, at the Governor's Row House. Contact Lona Hoffsommer at (785) 291-4646 if you have any questions regarding the meeting or minutes. Please remember to park on the South side of the building and enter through the side door if you come after the start of the meeting.

The next DURB meeting is scheduled for May 8, 2002, 9:30 AM, in the Pine Room at the Kansas Memorial Union.

Pending Issues & Adjournment

There were no pending issues, and the meeting was adjourned. There were no PERC or DUR Executive Session agenda items.

Thelma Bowhay stated reimbursement for genotypic testing as requesting by Dr. Sweet at the December meeting is scheduled for Policy Workgroup on March 7, 2002. There is no guarantee the policy will pass, but the proposal is for reimbursement rate to equal 85% of Medicare.

Next Meeting

The next meeting is a joint meeting with DUR, and is scheduled for Wednesday, March 27, 2002, at the Governor's Row House. The time is 10:00 AM – 2:00 PM. Contact Lona Hoffsommer at (785) 291-4646 if you have any questions regarding the meeting or minutes. Please remember to park on the South side of the building and enter through the side door if you come after the start of the meeting.

Pending Issues & Adjournment

There were no pending issues. Dr. Shaw motioned to move to an executive session for one-half hour (1/2 hour), break for lunch and then re-convene for an additional one and one-half hour (1 ½ hr). Sallie Page-Goertz seconded the motion. All members approved the motion and the meeting moved into an executive session to review Quality Assurance issues.